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Communications.

CIMICIFUGA RACEMOSA.

(*Actæa racemosa*—*Macrotys racemosa*.)

By J. ADOLPHUS, A.M., M.D.,

Of Logansport, Ind.

Black cohosh has puzzled therapeutists to determine its proper place in the books. All who have written respecting its therapeutic value, have clothed it with marvelous properties. The macrotys has attracted the attention of the profession for many years, and it has held a high place as a curative agent. The extravagant praise that has been bestowed upon it by writers, arises, no doubt, from its great influence over the *sp'anchni nervous system*. It is evident that the *modus operandi* of this agent has not been carefully and scientifically studied. The loose and careless, if not empirical manner of its use has no doubt clothed it with fabulous powers. The power of the macrotys to control functions, and modify sympathy in morbid conditions, gives it a most wonderful range of applicability. Those who are acquainted with the anatomy and physiology of the nervous system, will be at no loss in comprehending my views in this paper.

In attempting to study the therapeutic application of the *cimicifuga racemosa*, we may as well at this time assume that its action is only on the nerves of organic life. The distribution of organic nerve corpuscles throughout the soft solids of the body, and their close relation with the cerebro-spinal system of nerves; their powers in originating and maintaining certain conditions of the nutrition of tissue, present them to us as *organs* of very great importance in connection with morbid phenomena. Especially is this the case, when

we remember that secretion and excretion is so largely under their influence. Furthermore, it is manifest that their office as *vassa motor nerves*, make up the name of a large and ubiquitous influence as belonging to them.

It is upon this system of the nervous tissue that the macrotys particularly acts.

When the macrotis is taken by a healthy person in sufficient doses to affect the nervous system mildly, there is experienced a pleasant warmth all over the body at first. Then this feeling gradually grows into a sense of fever heat, without the prostration peculiar to nervous excitement. The whole cutaneous surface glows, the circulation in it is active, the veins swell, the mind feels clear, and the whole secretion of the body is pleasant. The sensations are slightly increased, the thorax seems full, and the abdomen experiences a mild warmth through its whole contents, while a sense of hunger gradually steals over the stomach. If the dose be increased, the pulse grows full and large, and somewhat *accelerated*, the eyes and head feel full, while a decided sense of fever-heat is experienced, and the thermometer manifests an increase of from one-half to one degree. If the dose be further increased, the head begins to experience an uncomfortable sensation, which soon forms into a decided ache in the base of the brain, especially in the region of the pituitary body. The mind grows lethargic, there is a slight feeling of constriction of the chest, the ears roar, and the whole body feels hot, while a feeling of malaise prevails. The secretions become partially arrested, fleeting pains pass over and through the limbs, the muscles feel sore, locomotion more or less painful, the joints feel stiff, and the feeling prevails as when one has taken a cold. A general sense of slight rigor alternates with flashes of heat, and the mind acts with great effort. The nervous system feels quite prostrated at last. These symptoms

pass off during the night; sleep is sound, and the appetite is keenly sharpened on the following morning.

These are the train of symptoms that follow ʒss. doses of the saturated tincture prepared with strong alcohol, repeated every two or three hours.

It is evident that it cannot be classed as a narcotic, though many attribute to it this property.

Though the action of the *cimicifuga* is decidedly on the nervous system, it is evident that it is upon the organic and splanchnic portion. We will not be much surprised at this view, if we keep in mind the great distribution of this system. I am well satisfied that the views of Dr. COPELAND on this system of nerves are correct, and that we should pay more attention to the opinion of that great man's views on this interesting subject. While he believes that the ganglionic system originates in corpuscles in the tissues, and send out their branches from those corpuscles, which form ganglia, and work their way toward the cerebro-spinal axis, forming close attachments and associations with the nerves of motion and sense, he shows that the whole system of sympathy may be readily explained on the strength of these facts.

Keeping in view this disposition of the nervous system, we can readily explain the action, not only of *macrotys* but of *digitalis*, *stramonium*, *conium*, *lobelia*, and many other remedial agents of known value, but whose *modus operandi* are somewhat obscured, especially when attempted to be explained in conformity with the prevailing theory.

The power of *macrotys* over the functions of organs, is both remarkable and interesting. The facts to be borne in mind, are that certain conditions, both of nutrition, and of a pathological character, influence the functions of all organs in different manners. When we turn to its action on the uterus, we find it acting at one time as an emmenagogue, at others as a parturient, and again as an admirable remedy in menorrhagia. The *macrotys* here decidedly has but one influence, viz., over functions. At one time it arrests the hemorrhage from the organ by calming the highly excited state of its *vasa nerves*, and soothing its

distorted functional forces. At any other time it calls into activity the diseased functional forces of the organ. Its action as an astringent must be viewed in the light we attribute to *digitalis*. The nutritive condition of the organ is the great criterion for our judgment.

In diseases of the lungs, *macrotys* in my humble opinion has no equal. Its action in pneumonia is both astonishing and satisfactory. Unlike the *verat. viridi*, it acts on the capillary circulation of the organs, giving tone to the walls of the vessels through their *vasa motor*, while it increases the nutritive forces of the bony tissue, and calms the whole nervous system. It is well known to experienced and observing practitioners that there is a low and very depressed condition of the nervous system in that form of pneumonia incorrectly called "typhoid." The life forces exhaust rapidly, and the patient dies from *asthenia*. In these cases, the saturated tr. of *macrotys* is truly a balm of Gilead, a great remedy, in doses from four to twenty drops every hour or two. In the pneumonia that arises during typhus fever, *macrotys* is a sheet anchor. In typhus fever it remarkably quells the nervous agitation, when united with tr. *gelseminum*.

In chronic bronchitis, *macrotys* stands high as a curative agent. When the bronchial secretion is profuse and mixed with pus, it certainly controls and modifies the pathological conditions involved. In consumption or pulmonary tuberculosis, the black cohosh has performed many wonderful things. I know many will distrust this statement, but I cannot help it, it is nevertheless true. A man who has the idea of blood disease uppermost in his head, and who views consumption as having its origin in this fluid, will not be likely to stop and reason on *macrotys* as a remedy of any value in phthisis. I have seen no less than three cases of confirmed tubercle of the lungs get well by the use of the *macrotys*; two of them showed a fossa over the clavicle in due time. But I cannot refrain here from observing that I am strongly of the belief that tubercle is a local disease; so are cancer, lupus, etc., all arising from mal-nutrition of the respective tissues, and from the wastes being abnormal; but more of this some future time.

In chorea, the macrotys has no equal as a curative agent. I have seen several cases in children cured by it, when all other remedies failed. Macrotys is a specific in many of the singular nervous disorders of females. Who of us has not met cases of nervous disorders in women that have defeated our best efforts? We fail to locate the disease, in fact they are pathological enigmas to us. Here macrotys is our hope and our strength. Its power over the uterus is amazing. Very frequently, when that organ is in a state of excitement from *any cause*, macrotys soothes the excitement. I can recall many cases of this description cured by macrotis. Many cases of persistent menorrhagia that resisted every other means, yielded to the saturated tincture.

In the peculiarly distressing state of females known as the *turn of life*, macrotys works its wonders. In articular rheumatism I have not found it of much benefit. But in the form known as muscular, which often simulates the articular, the macrotis is the remedy. In all cases where there is hyperæsthesia or hyperæmia of the nervous tissue, and excitement of the ganglionic, we will find macrotys a valuable agent. Its operation seems to me to be the reverse of arsenic on these tissues.

In periodic headache I unite it with the tinct. of gelseminum, with happy results. In the coma vigil of fevers, the same combinations with morphia have done me most excellent service. The delirium of fever is frequently quelled by it, especially if accompanied with injected eyes and headache.

The alterative power of the macrotys must be regarded in the light of its influence over function. Its control of secretion is due to its control over the part of the nervous system that is associated with secretion and excretion, as on the vasa motor. In that singular disease known as scrofula, the macrotys acts on the same physiological principle. That it corrects nervousness, no one conversant with its action will deny. I have seen exudations on the mucous membrane of the mouth, throat, etc., promptly controlled by it. I have seen the effusion from pleurisy rapidly subside and disappear under its influence. Even the trouble-

some exudations on the neck of the uterus have been arrested and cured by it.

It takes the place of ergot in a very remarkable manner. It seems to affect the uterus more mildly, but at the same time more steadily, and continue longer in its action. I prefer it altogether to the ergot as a parturient. As an emmenagogue in amenorrhœa, the black cohosh is the surest remedy known to me. I say the surest, because I have repeatedly seen it bring on the menses in girls who were suffering from amenorrhœa for months and years.

As a tonic, it stands high when the nervous system is at fault. In all those diseases of the stomach caused by hyperæsthesia of the nervous and mucous tunic of the organ, it may be relied on with confidence.

There are many women who complain of pains over the back, limbs, in the uterus, head, and shoulders. These cases are readily benefited by the macrotys.

In young persons just coming into puberty, we find frequently that they are ailing; nor can we with any precision locate their disease; in such cases macrotys accomplishes a cure.

As an aid to other remedies, the macrotys has a larger range of application than any other remedy known to me. Cod oil often acts better with it than otherwise. Opium is very much modified in its action when united with macrotys. It is frequently a great advantage to unite them in the wakefulness of fever, and in delirium. With iron it acts pleasantly and in a remarkable manner aids its absorption. Quinine, opium, and macrotys, form with me a favorite remedy at bed-time in all ataxic diseases, especially in the worst stages of typhoid fever. In union with gelseminum and morphia, I have seen the most furious delirium quite subside, and sleep procured in fever cases, also in delirium tremens.

In neuralgia caused by hyperæmia of the nerve tissue, or from depression of nerve force, the macrotys, united with opium and aconite, have worked wonders for me, and brought ease rapidly. With chloroform, it forms also a splendid nervine. In short, in all conditions of the nervous system we may use macrotys with advantage.

Macrotys acts finely on children, especially those that are teething. In them

the ganglionic system is remarkably active, and on this macrotyts acts as a charm. In all the profuse secretions that occur in their diseases, macrotyts may be used with very great benefit. We may say that in women and children macrotyts acts admirably.

All the preparations of macrotyts except the saturated tincture made with *strong* alcohol, should be discarded. The macrotin has not proved of any value in my hands.

The saturated tincture is made by me as follows: Eight ounces of the recent root is ground to a coarse powder, and dampened with f.℥iv. of *strong* alcohol, and packed in a percolator, and allowed to stand twenty-four hours. Then *strong* alcohol is gradually poured on, and a pint of saturated tincture obtained. Diluted alcohol is now poured on until f.℥viii. more run off. This latter is collected *separately* and evaporated to the consistence of molasses by a heat not higher than 120°, and mixed with the first f.℥xvi. of saturated tincture, gradually. The dose of this is from ten to thirty drops. I find, however, that the saturated tincture made *all together* by strong alcohol, and using no heat, makes a more valuable preparation, and it is more reliable in my hands than any other form of the remedy. I take eight ounces of the *recent* root in moderately fine powder (not too fine), on which I pour f.℥iij. of strong alcohol to dampen it well. Then I pack it in a percolator, close its lower end, and set it away for twenty-four hours. On this I gradually pour f.℥viij. of strong alcohol, and percolate off f.℥viij. of tincture, adding alcohol until that amount is obtained. This forms a very saturated tincture. To save the remainder, I use diluted alcohol until f.℥x. more are obtained. This I do not mix with the former, but keep it separately, to be used in ordinary cases, as I do not esteem it as highly as I do the "first run." The alcohol should be 98 per cent.

The macrotyts has a most pleasant influence on the action of the heart. To me its influence is much like digitalis, but more safe, while it braces the whole nervous system. In the inordinate action of the heart in nervous persons, and in angina, it controls the organ speedily, quiets its agita-

tion, and removes all the discomfort attending the condition. To the weak heart it gives tone and strength. It steadies the pulse. It is evident that the great influence of the remedy is on the nerves of organic life, whose action it decidedly controls.

Combined with the saturated tincture of *acalepias tuberosa*, we have the greatest diaphoretic known in the materia medica. No man can use the combination without being struck with the mighty power of the co-agents. In diabetes, Bright's disease, uremic coma, anasarca, ascites, fevers of all kinds, and diseases of the skin, when we wish to call into profound action the cutaneous emunctories, we have in the above combination a Hercules. In the nervousness caused by the use of tobacco, the macrotyts often affords prompt relief.

One very important and valuable quality of the macrotyts is its benign influence over the sad nervous derangement of syphilis in its after stages. Those who should use it in these cases in connection with the cod oil, will be remarkably pleased with it.

I should advise physicians everywhere to prepare their own saturated tincture themselves, then they will be sure to obtain a reliable article. All the fluid extracts, etc., etc., sold by manufacturers, are complete nuisances, and quite unworthy our confidence, at least that has been my experience.

In a case of typhus, attended with fierce delirium and obstinate sleeplessness, in which the patient's life was in great jeopardy, his pulsations were so frequent as to render it impossible to count them; the respiration was rapid; skin cool, clammy, and inelastic; eyes suffused, red, and wild; countenance, pinched, haggard, and anxious; delirium maniacal. Everything I tried to arrest this desperate condition failed, until I tried the following prescription: Saturated tincture macrotyts, f.℥j., saturated tincture gelsemium, f.℥j., sulphate of morphia, ten grains, dissolved in water, f.℥j. Mix. Forty drops were given every half-hour. Within three hours the patient went to sleep. In less than an hour the violent delirium was much subdued, the skin commenced to grow warm and elastic, the eyes were less suffused, and the countenance had lost much of its horrid



appearance; in an hour and a half the pulse fell to 140, and gradually grew fuller and more firm. I have frequently used this prescription since in such cases, with the same pleasing results.

In the above case opium was given with a firm hand at first, until I was satisfied it failed to produce the desired result. These symptoms above enumerated prevailed for nearly eighty hours. The case was an agonizing one, inasmuch as the patient was a dear friend of the writer. It is certainly a fact that macrotys does modify the operation of opium by influencing its effects on the cerebral circulation.

But I feel confident, after a long and careful observation of the operations of this important remedial agent, that it really exercises a tonic influence on the cerebral substance, as well as on its circulation. This is made manifest from the manner it remedies its functional derangements in some particular cases. Thus, a legal friend, who had been much oppressed with professional care, found his memory and his perception much impaired. The pupils were largely dilated, but his pulsations were not materially deranged. He observed to me that he suffered from a singular form of headache and discomfort, while he was utterly incapable of recollecting from day to day what he had done. He assured me that it was difficult to place his attention on any object, or concentrate his mind on any subject, while he felt a profound indisposition to read or study. Further, he remarked that he could not read fluently or rapidly, as he was wont to do, that there was a very perceptible loss of time intervening between his seeing the words in the book, and his perceiving what they meant. That he was obliged to read slowly and carefully, and even then it was difficult for him to perceive the sense of what he read. His sleep was very much impaired, and his mind was of an irritable and unsteady cast. I placed him at first on the bromide of potassium. After its use two or three weeks, he found himself growing worse. I then placed him on forty drops of the saturated tincture of the macrotys racemosa. Under this treatment he quickly commenced to recover, and was, in a month, entirely well. This case was doubtless imperfect nutrition of the brain,

induced by over use. No matter what may be said concerning nervous excitement, the symptoms in this case directly pointed to inanition of the cerebral mass.

I am anxious that gentlemen who have opportunity should give the macrotys a fair trial in all suitable cases. As a controller and modifier of nerve-action, I am convinced they will find it a surpassingly valuable agent. I might with propriety here observe that the facts in this paper have been written as I recalled them after reflection and consideration, which accounts for its unsystematic order. The macrotys and strychnia form a most valuable remedy in that singular form of hyperæsthesia of the mucous coat of the stomach so frequent in nervous persons, and irritative dyspepsia mentioned by GOLDING BIRD. Many of the kinds of cases treated of by that great man, as oxalic diathesis, have been made to yield, in my hands, to the above combination, without the acid treatment. The combination certainly has a pleasing influence in scrofulous diseases when the nerve-tissue is involved.

#### SURGICAL CASES.

By PHILIP LEIDY, M.D.,

Of Philadelphia.

Gunshot Wound through the Left Knee-joint.—Syme's Operation.—Secondary Hemorrhage on the 12th Day.—Ligation of the Femoral Artery at its Middle Third.—Recovery.

William H., sergeant, Co. "E," 119th Regiment Pennsylvania Volunteers, was wounded during the early part of the engagement at Winchester, Virginia, September 19th, 1864, by a minie ball passing directly through the left knee-joint from the outer side, destroying the articulating surfaces of the tibia and the internal condyle of the femur. SYME'S operation was performed at the field hospital, after treatment consisting of the ordinary cold-water dressings. The patient was removed to the 6th Army Corps Hospital, under the able management of Surgeon REDFORD SHARPE, of the 15th New Jersey Vols., where every attention was bestowed.

The patient did remarkably well until about the fifth day, when he was seized with a decided chill, followed by a very high fever, which fortunately turned out to be malarial, and yielded readily to qui-

nine. After the fourth day of the chill the patient was as well as before. The stump was healing rapidly, and everything bid a fair prospect for a favorable termination.

On the night of the twelfth day of the operation, I was summoned hastily, the message being that Sergeant H was "bleeding to death." When I arrived, I found that one of the assistants had applied a tourniquet in the course of the femoral artery. Upon close examination, I found secondary hemorrhage had set in from the popliteal artery, and that the patient was quite weak from the loss of blood. All attempts to check the hemorrhage at its seat proving of no avail, it was determined upon to ligate the femoral artery at its middle third, which was done without difficulty. The patient did well from the operation, there not being an untoward symptom. The usual cold-water dressing was used throughout, and on the 30th of November, 1864, the patient was discharged cured, with every indication of a long life in the future.

Gunshot Wound of the Right Foot.—Pirogoff's Operation.—Division of the Tendo-Achillis.

Andrew P., private Co. "F," 106th Reg't Pa. Vols., July 6th, 1862, was accidentally wounded by the discharge of a gun in the hands of a comrade, the contents taking effect in the right foot, destroying the tarsus. PIROGOFF'S operation was performed, after-treatment being the cold-water dressing. The patient did very well up to the time he was sent to the General Hospital, when for a time I lost sight of him. The same difficulty, I presume, was being experienced by almost every surgeon in the field. I was more than ordinarily anxious to follow up the case, its results, and termination, it being the first operation of the kind performed by me up to that time, and secured, after many writings, his residence and the hospital in which he was under treatment. The following will give the results.

BROOKLYN CITY HOSPITAL, Raymond St.  
September 6th, 1862.

DR. LEIDY:

Sir,—The operation which was performed by you upon Andrew P., at Harrison's Landing, Va., has proved an entire success. The stump is now entirely healed, and the patient is able to go about on crutches. His general condition is very

good, and the appearance of the limb is very satisfactory. After he arrived here, he complained of excessive pain in the stump, so much so that he had to be kept under the influence of opium, so great was his suffering. This lasted for about one week. After that he improved rapidly. There was a great tendency to keep the bony surfaces apart by the spasmodic contraction of the gastrocnemius and soleus muscles, which I think might be prevented by the division of the tendo-Achillis.

This spasmodic action, which was very difficult to combat in this case, I think, was the sole cause of so much pain and suffering.

Yours, respectfully,

W. H. BATES, M. D.,  
House Surgeon.

In four cases the above suggestion was acted upon; two cases operated upon by Dr. HAYWARD, two by myself, with entirely satisfactory results.

### RADIX JALAPÆ.

ITS GROWTH AND CULTIVATION.

BY G. NAPHEGYI, M. D.

About thirty miles distant from Vera Cruz, the principal port of the Mexican Republic, lies the city of Jalapa, built upon a spot some 4500 feet above the level of the sea. It is located in the midst of a woodland country, and contains some 15,000 inhabitants.

It has been aptly called the "Garden of Eden," and here it is where the bulb familiarly known as *radix Jalapæ* is found, and from this place has taken its name.

Jalapa and its vicinity may be called a complete herbarium, and with the exception of ipecacuanha, rheum, cortex cinchonæ, and camphor, I found here most of those medicinal plants which I formerly believed were obtained only from China, the East Indies, etc., etc.

The forests in these environs abound not only with trees possessed of medicinal properties, but also with those which are so valuable for chemical and mechanical purposes. In the midst of them lies the beautiful and romantic spot called "Jalapa."

Modestly raising its unassuming blossoms among the gorgeous assemblage of nature's rich exotics, is to be seen a little blue bell flower, resembling in appearance the "morning glory," but which, upon examination, proves to be the *convolvulus Ja-*

*Jalapæ*, so world-renowned for its medicinal virtues.

Until within later years the Jalapa plant was not cultivated. The *peons*, or laborers, of the various *haciendas* in the neighborhood of Jalapa, upon going to the forests to gather wood for kindling, finding this root at the base of the trees, and recognizing it by its slender tendrils clinging to the bark, dug and took from its roots the larger bulbs, leaving the smaller and more tender ones to form bulbs for the next harvest. The radix or root thus found was then placed by the Indian upon the roof of his hut, and allowed to remain there until thoroughly dried by the rays of the sun. After having collected a few pounds, he then carried them on a Sunday to some *tienda* or store in the city of Jalapa, and made an exchange for a gallon or two of *agua ardiente*, or whisky, or some few yards of unbleached cotton cloth, the only material used by the Indians for their clothing. This then was the only means employed for the collection of the Jalap, which was kept by the storekeeper until a large quantity was accumulated, when he forwarded it to Vera Cruz, whence it was shipped to the European market. It brought as high a price as a dollar, or even more per pound, while the original gatherer had not received more than from fifteen to twenty cents per pound.

The cause of the high price of this article in the market is on account of its having diminished in quantity through this primitive method employed in its gathering. The avarice of the gatherer tempted him to extract even the small bulbs, and thus destroy the whole plant, nothing being left to generate another harvest.

In the year 1865, the late Emperor MAXIMILIAN, of Mexico, issued an order to the various Prefects of the District of Jalapa, recommending to their consideration the cultivation of the Jalap plant.

About this time I published an article in one of the Mexican newspapers, giving my experience in regard to its cultivation, which knowledge I trust will prove useful to the horticulturists of this country, as it was to those who practised this method in Mexico.

The *convolvulus Jalapæ* being a bulb, its culture must succeed in any clime

where other bulb plants are grown with success, as it arrives at maturity in a very short space of time.

In the environs of the City of Mexico I found *convolvulus* of various species to abound, and this induced me to try an experiment with the *convolvulus Jalapæ*. Consequently I wrote to a friend in Jalapa, who sent me four small bulbs, weighing altogether not more than one ounce and a half, their condition not being encouraging for my experiment. I planted them, however, at the foot of a walnut tree in the middle of March, and in the middle of September I found that one of them had accumulated not less than 20 bulbs, another 16, and the two remaining, 12.

Surprised at this quantity, and overjoyed with the reward of my experiment, I submitted the result to the examination of Professor DON LEOPOLD RIO DE LA LOZA, one of the most celebrated chemists in the capital of Mexico, in order to test their medicinal properties. The result rewarded my trouble, for upon trial they were found equal in every respect to those which grew in the neighborhood of Jalapa.

My suggestion was adopted, and since then the cultivation of the *Jalapæ* is made a product of speculation by some of the European horticulturists in the neighborhood of the capital of Mexico. A short time after this trial, I left Mexico for the United States, and becoming engaged in affairs entirely adverse to my vocation, I was obliged to resign my investigations in the interesting pursuits of botany, to which I had formerly dedicated all my leisure moments.

During a visit which I recently made to the Peninsula of Yucatan, I met with a detention, occasioned by the non-arrival of the steamer which was to convey me to Havana. I resolved, therefore, to improve the time in making an excursion to the woods in Humahumaha, and while engaged in the collection of herbs and plants, I met with my old acquaintance, the *convolvulus Jalapæ*. I gathered some beautiful bulbs, and brought them in a satisfactory condition to New York, where I again tried my experiment of cultivation.

Six of the bulbs I planted in a hot-house, while the same number I placed in the

ground in the open air. This was in the month of July, and in the month of October, I dug out those which I had planted in the open air, and found that they had not multiplied but increased in bulk, that is, from one ounce, they had increased to from three to four ounces in weight. Of those which I had planted in the hot-house I found that some of them had commenced to decay, while others although, not much increased in size, had multiplied in number of roots.

During the winter of last year, I placed the bulbs in a warm situation, taking care to keep them sufficiently damp, but not so much as to cause them to decay. I planted them in the open air about the middle of May, and at the end of September I succeeded in gathering a harvest weighing over eight pounds in the dried state. This practical experience proves that the radix jalapæ can be cultivated in this country, by planting it in the month of May, thus giving it sufficient time to arrive at maturity, that is, until September, before the frost sets in. The larger bulbs could be then taken out, while the smaller ones I would suggest be left in the ground, well covered on all sides with manure, so as to insure them against injury from the frost.

## Hospital Reports.

PENNSYLVANIA HOSPITAL, }  
February 22d, 1868. }

CLINIC OF J. M. DA COSTA, M. D.

Reported by Dr. Napheys.

### Ulcer of the Stomach.

Kate W., æt. 23. She had vomited blood several times before her admission to the hospital on the 8th inst., and had passed blood by the stools. She has been troubled with dyspeptic symptoms, and was very anæmic. When admitted, she had rapid pulse, respirations 32, and high temperature.

Since last fall she has had pain at the pit of the stomach after eating, so sharp as to cause her to cry. She has had none for the last two weeks. She has been of costive habit. She generally vomited after breakfast and dinner, and in the morning before eating. There is no pain on pressure over any portion of the epigastrium, and none along the spine over the dorsal vertebræ. The liver dulness is normal.

In certain affections of the liver and spleen, congesting the portal circulation, there is hemorrhage. There is nothing of this kind here, as there is no enlargement or contraction of the liver, no ascites, no increase in the size of the spleen.

The hemorrhage is not connected with the menstrual function, for it has occurred but on one occasion at the menstrual period.

Having thus excluded vicarious hemorrhage and hemorrhage from congestion of the stomach without disease of that viscus, it remains for consideration whether it be due to an affection of the stomach itself. There are here undoubted signs of disease of the stomach, in the long standing indigestion, in the pain and vomiting after taking food, lasting not for weeks, but for months, and in the tongue still coated. In a case of hemorrhage that can be traced to the stomach as this has been, excluding the possibility of its being symptomatic of an affection elsewhere, then the question arises, with what diseases does hæmatemesis generally occur. It occurs either in ulcer of the stomach, or in cancer of that viscus. May it not occur in chronic inflammation? Patients with chronic gastritis will vomit sometimes a small quantity of glary mucus streaked with blood, but they will not have a hemorrhage. The disease is either ulcer or cancer when there is marked hemorrhage in an affection of the stomach.

Which of these two affections is presumably present in this case? When the patient is young, particularly a young woman, when the pain occurs more particularly after the taking of food, when the hemorrhage from the stomach appears to be out of all proportion to the gravity of the attending symptoms, when there is an absence of any perceptible swelling, the case is in all probability one of ulcer, and not of cancer. On the contrary, when there is a marked cachexia, an obvious tumor, and the patient above thirty-five, then hemorrhage from the stomach means generally a cancer, and not an ulcer.

This woman, if there be any chronic lesion at all of the stomach, has an ulcer. This is shown by the exclusion of every other cause which may have given rise to hemorrhage, and by the presence of persistent indigestion, pain on taking food, and vomiting. There is but one symptom about her case which causes any hesitancy at all in pronouncing the diagnosis of ulcer of the stomach—the patient has no sensitive spots. In the vast majority of cases of ulcer of the stomach there is a very tender spot on pressure in the epigastrium, and often also one over one of



the dorsal vertebrae. All attempts to elicit any sense whatever of tenderness have failed after repeated examinations. It is quite possible that there may be here this cause for it, namely, the existence of the ulcer toward the pyloric extremity of the stomach. This is a view of the case which is rather borne out by the fact that hemorrhage sometimes takes place from the bowels rather than from the stomach. Whether this explanation be correct or not, tenderness is the only sign wanting of marked ulceration of the stomach.

In the treatment there are two indications; one is rest, the other the causing of the ulcer to heal. With reference to the first, it is of the utmost importance, not so much rest of the body, which, however, is very useful; but rest of the affected organ. It must not be kept in a state of continual functional activity, it must not be called upon for increased digestive exercises; therefore the mildest conceivable diet should be employed which is nourishing, as plenty of milk, eggs, some rice, beef-tea not too strong so as to be irritating. Opium is here of service, for it keeps the abdominal organs more or less at rest, and it checks waste and enables a person to get along with less food.

A great many agents have been tried empirically to control the ulcer itself, but it cannot be said that it has been proven that any one article has a very special local influence on the ulcer. Nitrate of silver has been much lauded, and there are undoubted cases which have recovered under the influence of nitrate of silver. This patient is being treated with oxide of silver and opium, one-half grain of oxide of silver with one-sixteenth grain of extract of opium in pill, *ter die*. The oxide is preferred to the nitrate of silver, because it can be continued for a long time, without any danger of altering the hue of the skin, and because it undoubtedly controls gastric irritability better than the nitrate. When the bowels are costive, they are opened by means of gentle laxatives like oil, or by means of an enema. She is also taking iron by inhalation through the atomizer, so as to get the constitutional effect of this agent, so evidently called for by the anemia present, while sparing the stomach.

— DISINFECTANT PROPERTIES OF COFFEE. It is not generally known that slightly roasted and ground coffee, placed on a warm surface, such for instance as a fire-shovel, will neutralize vapors of ammonia and sulphuretted hydrogen.

## EDITORIAL DEPARTMENT.

### Periscope.

*Nævus Successfully Treated by the Application of Collodion.*

Dr. L. S. JOYNES, Professor of Physiology in the Medical College of Virginia, publishes the following in the *Richmond Medical Journal*:

As every mode of treating surgical diseases which may supersede the necessity for the performance of painful, dangerous, or disfiguring operations, should be welcomed as a boon to humanity, I feel it a duty to report the following case of the successful employment of a mode of treating vascular tumors, which appears not to be sufficiently known to the profession. The proposition to take advantage of the strong contraction resulting from the evaporation of collodion, in order to effect the obliteration of such tumors, is, I am fully aware, no novelty; but the fact that no mention of such a method is to be found in any of our most approved and recent works on surgery, (so far as I have been able to discover,) justifies the remark, that it is not generally known to the profession. Yet the results of the occasional trials of it, which have been reported from time to time, afford ground for the belief, that it will, in many instances, obviate the necessity of a resort to the ligature, the seton, the irritating injection, the caustic, and other operative procedures, more or less harsh, which the surgeon is accustomed to employ in such cases—while it possesses the great recommendations of causing *no pain*, and leaving *no scar*—advantages especially to be valued, when we reflect that the subjects of these tumors are so generally young children, and that they are so frequently situated on the face.

The subject of the present case was a fine, healthy female infant, four months old, on whose left cheek there had appeared two or three weeks before, (according to the report made to me,) a small red spot, which gradually enlarged and deepened in color. (I can testify that there was no trace of the disease at birth, for I was present at the birth, and saw the child repeatedly afterward, until it was five weeks old, when I vaccinated it; during all this time it was "without spot or blemish.") When the case presented itself to me for examination, the spot was about three quarters of an inch in diameter, slightly elevated above the general surface of the cheek, (of which it occupied the centre,) of a purple hue, offering at a distance some resemblance to a

contusion, but on a closer examination it presented an appearance of vascularity and vitality quite different from the dull livid aspect of a contusion. Small veins could be seen through the transparent cuticle, creeping over the discolored surface. On examining the part with the fingers, the tumor was found to involve the derm and subcutaneous areolar tissue, extending to the limits of the discoloration. It was of softish consistence, without pulsation, and evidently not at all sensitive to pressure.

The case being evidently one of *nævus*, with a predominance of the capillary and venous elements in its structure, it appeared to me to afford the fairest opportunity for a trial of the virtues of collodion. Accordingly, on the 16th of December, I applied the collodion freely over the discolored surface with a camel's hair pencil. The contraction which ensued on the drying of the liquid was remarkable. The prominence of the discolored portion of the cheek disappeared; the integument all around was strongly puckered, and through the coating of dried collodion, the discoloration was seen to be much diminished. The application seemed to cause not the slightest pain or inconvenience to the child.

On the next day I re-applied the collodion, and then entrusted the further application to the mother, directing it to be repeated daily, or at least as often as there were any signs of the detachment of the pellicle. I made occasional visits, and found the case progressing favorably.

Jan. 1st. The pellicle having become detached before my visit, while the child was being washed, I found that there was no longer any *tumor* perceptible, either to the eye or to the touch; but there still remained a faint discoloration. I therefore continued the treatment.

Jan. 9th. There is no longer any trace of the *nævus*; the only discoloration visible is due to two or three minute papulæ, produced evidently by the irritating action of the collodion upon the delicate integument. Instead of a prominence, there is now a very slight depression at the site of the *nævus*, the result of the continued pressure. I directed the application to be suspended for a day or two, in order to allow the subsidence of the slight irritation of the surface, and then to be resumed and continued four or five days longer, in order to confirm the cure.

Jan. 17th. The treatment was discontinued several days ago; the cheek is entirely natural in appearance.

I will add, by way of caution to those who may feel inclined to try this method of treatment, that on one occasion, in applying the collodion,

I unthinkingly commenced by making a sweep with the brush around the margin of the tumor, and then rapidly painted over the discolored surface. The result was that the marginal ring dried first, with the effect of producing a partial strangulation of the tumor, which immediately became strongly congested and much more prominent. The constricting circle, however, was readily dissolved off with a little sulphuric ether, and there was an end of the trouble.

#### Chronic Urticaria.

Chronic urticaria is often a very troublesome affection, and a few hints regarding it, based on hospital experience, will be doubtless acceptable to our readers. Dr. HILLIER, physician to the Skin Infirmary of University College Hospital, considers the disease to be one requiring the utmost discrimination for its treatment. Occasionally a case will be found to depend on one article of diet, which it requires careful inquiries and observation to ascertain. One case was found to be caused by cheese, another by coffee, another by tea. In such cases the mere disuse of the offending article will sometimes cure the disease. When the patient is of a rheumatic tendency, alkaline medicines are of use. In very many cases colchicum is of great service; some of these are probably gouty in their nature. In many of them, however, it is not possible to find any indications of a gouty constitution. Dr. HILLIER has seen great benefit from the use of quinine, especially when the attacks occur with marked periodicity. When there is no gastrointestinal irritation, arsenic has been sometimes found useful. Unfortunately it is not always easy to decide what remedy shall first be tried. One case coming under Dr. HILLIER's care from time to time, is always cured by a few doses of cod-liver oil. Dilute nitric acid has occasionally been found serviceable.

Of twenty-eight cases, of which Dr. HILLIER has notes, nine were either cured or received much benefit from the use of colchicum and alkalies. In four, quinine was given, of which three were cured, and of one the result was not known. In two cases nitric acid relieved the patient. Of three cases under alkaline treatment alone, two were cured, and in one the result was unknown. Arsenic cured one very obstinate case, and aggravated another case.

In all cases of chronic urticaria it is important to inquire as to the possible existence of bugs, fleas, pediculi corporis, or of the *acarus scabiei*. It is not uncommon for patients to suffer a long time from urticaria caused by one of

these parasites, whilst other signs of their irritation are almost absent. In these cases ointment containing stavesacre or sulphur, with attention to cleanliness of bed- and body-linen, will cure the disease. Local applications in other cases appear of little permanent use; lotions or ointments containing chloroform, or nitric or acetic acid lotions, give momentary relief.

Pruriginous strophulus, a disease of infants, closely allied to urticaria, is usually relieved by the syrup of the iodide of iron.—*Lond. Lancet.*

#### Animalcules in Whooping-cough.

The existence of minute organisms in various pathological secretions, or exhalations, is gradually being made out; and as such have also been found in normal secretions and excretions, it may be suspected that ere long the present pathological views respecting a variety of diseases will be wonderfully changed. Quite lately, M. POULET mentioned, in the *Cosmos*, having found in the moisture of patients suffering from whooping-cough, infusoria belonging to the class bacterium bacillus.

## Reviews and Book Notices.

### NOTES ON BOOKS.

Many interested in physiology will be glad to learn that a bi-monthly magazine has been started at Paris, under the supervision of the eminent Dr. BROWN-SÉQUARD. It is entitled the *Archives de Physiologie*.

Another new journal which we welcome to our table is the *Revista Medico-Quirurgica y Dentistica*, Havana and New York. Its editors are Drs. WILSON and GONZALEZ, of Havana. It contains 112 pages, is got up in good style, and proposes to appear quarterly. We hope it will extend a knowledge of sound science to the Spanish Americas, which, if all accounts are true, stand much in need of it.

We have also received the first copy of "*Packard's Monthly*, an American Magazine devoted to the Interests and adapted to the Tastes of the Young Men of the Country." New York: S. S. PACKARD, Publisher, 937 Broadway.

That a physician of the name of RICORD should devote himself to the study of syphilis, seems very natural. One such, Dr. PHILIPPE RICORD, of Newark, N. J., has recently published a "Chart of Venereal Diseases." It is in the shape of a tree, the lettering giving the diagnos-

tic characters of gonorrhoea, the chancreoid, and syphilis. It presents the facts to the eye in a clear and intelligible manner. We believe this was an illustration accompanying Dr. RICORD's thesis. For sale by Wm. Wood & Co., 61 Walker street, New York.

The Seventh Annual Report of the Board of Managers of the Woman's Hospital of Philadelphia, January, 1868, shows that well conducted institution in a flourishing condition. The Nineteenth Annual Announcement of the Woman's Medical College of Pennsylvania reports the attendance of forty-two young women at the lectures of the current year.

Some interesting medical works have recently appeared in France. The distinguished expert, Dr. AMBROISE TARDIEU, is the author of two, "Medico-Legal Studies on Infanticide," and "Medico-Legal Studies on Abortion and False or Stimulated Pregnancy." Dr. CLAUDE BERNARD has given forth some "Lectures upon the Effects of Poisonous and Medicinal Substances." The chemist, Baron JUSTUS LIEBIG, who seems of late to have gone into business to a damaging extent for his scientific reputation, has a small work on a "New Aliment for Infants," which we suppose is his prepared milk—a compound of questionable utility. The twenty-eighth volume of *Memoirs of the Imperial Academy of Medicine* has appeared, and finally, a work by Prof. J. A. VILLEMEN, whose name has of late become quite familiar, on his standard topic, "Studies on Tuberculosis, Rational and Experimental Proofs of its Specific Nature and Inoculability."

**Atlas of Venereal Diseases.** By A. Cullerier, Surgeon to the Hôpital du Midi, etc. Translated from the French, with Notes and Additions, by FREEMAN J. BUMSTEAD, M. D. Philadelphia: H. C. LEA. 1868. Part II., imp. 4to., pp. 141—192. Price \$3.00.

The present number of this handsome work concludes blennorrhagic ophthalmia, and embraces blennorrhagic arthritis, balanoposthitis, vulvitis, vaginitis, metritis, ovaritis, urethritis, vegetations, and chancres. The plates it contains are very carefully drawn, well lithographed, and tinted. The color seems to us a little too deep to be perfectly natural on some of the cuts.

The translator has taken great pains not only to make a clear and readable book, but also to correct and expand the views of the author where such changes seem demanded. That he has done this with great discretion his well known reputation in this branch of diseases is a sufficient guarantee.

## Medical and Surgical Reporter.

PHILADELPHIA, APRIL 18, 1863.

B. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

### WANTED.

*THE* The following numbers of the MEDICAL AND SURGICAL REPORTER are very much needed at our office. For ALL of them we will credit ONE DOLLAR on subscription, or ten cents a copy for less than the whole. Those of our subscribers who do not care to preserve their files, will confer a great favor by returning these numbers. They are:

Nos. 559, 560, 561, 562, 563, 564, 565, and 566—or from Nov. 16, 1867, to Jan. 4, 1868, both dates included.

### STATE LUNATIC ASYLUM.

The medical society of the State of Pennsylvania, through its Committee, presented to the Legislature a memorial showing the need of another asylum for the insane. After some delay, the necessary bill was passed, and now we hope to soon see better accommodations for that class of unfortunates than has hitherto been provided.

The Memorial estimates the number of insane in the State at 3500, or one for each one thousand of the population. About one-half of these are entirely unprovided for, either by hospitals or poor-houses. It justly urges that the condition of those who are not in hospitals, calls for urgent and instant relief. In very few of the poor-houses are there any proper accommodations for them, and even in those which have provided proper rooms for them, the provision is professedly only for those who have been insane for a term of years. In many poor-houses, the rooms in which the insane are confined are very small and close, with no means of admitting a proper supply of fresh air, either in summer or winter, and being in the basement, are extremely cold in winter and exceedingly uncomfortable at all times; others are confined in rooms exposed to the idle gaze of every passer-by, and too often their excitement is aggravated by the unfeeling taunts and reproaches of the vicious and heedless; males and females are placed in adjoining, and often in opposite rooms, even in that state of excitement when they will wear no clothing, and have only the covering of a blanket or quilt, and that not used probably except during a small part of the day or at night, with the

doors of the rooms so arranged with lattice work or openings, that any one can look in at pleasure. Males and females are too often allowed to mingle freely in the yards and the halls during the day. In many places many insane are kept in the jails for want of any other accommodations.

In different parts of the State, whether under the care of relatives or of the township authorities, they are kept confined in small rooms specially built for them, where they remain constantly; their food being passed into them through a small opening left for the purpose, and no means of exercise afforded them. It is not very unusual to find a number of the insane in different poor-houses with a chain on the ankle and fastened to a staple in the floor, allowing only a few feet of motion around a fixed point.

The financial aspect of the question, which is the stumbling-block in the way of so many much needed reforms, is discussed clearly and forcibly. It reminds legislators that every person becoming insane deducts so much from the producing power of the community, and is to that extent an incumbrance or a mortgage on the property and income of the Commonwealth, or of some of its parts, collectively or individually, to the extent of the cost of his or her support, so long as the insanity shall continue. The individual's estate pays, if it can; but, if not, the public must, for the body politic is the bondsman for every one in sickness and poverty to pay what he cannot. The cost of keeping an insane person at home, in a poor-house, or a jail, is not less than three dollars a week on the average, and this must be multiplied by as many weeks as the insanity shall continue.

The average duration of life of an insane person, not cured, attacked between 20 and 30, is 21.31 years; attacked between 30 and 40, is 20.64 years; attacked between 40 and 50, is 17.65 years; that is, insane, when taken near 20 to 30 years old, will, if not restored, live on an average 1118 weeks, and will cost \$3354 for their support. Those 30 to 40 when taken, will live 1073 weeks and cost \$3219, and those who 40 to 50 when taken, will live 917 weeks and cost \$2751.



These are sums which the people must pay, they are debts incurred the moment the man becomes insane, and are a mortgage on the public property until these patients are restored. This, however, is not all the cost of insanity neglected and uncured; the Commonwealth loses all the services of these men, all that they would have earned during a sane life, if they are restored. The probable longevity or average time sane men will live after 20 to 30 years, is 39.12 years; after 30 to 40, 32.76 years; and after 40 to 50, it is 26.06 years. Then the public must not only pay the cost of supporting an uncured insane person when between 20 to 30 years for 1118 weeks, but lose his earnings for 2034 weeks. The earnings of course will vary with person, capacity, position and circumstances.

In England the prospective earnings over and above the cost of the support of an unskilled laborer, at twenty-five years of age are worth \$1157; that is, an annuity equal to this profit on his labor through his probable life could be bought at that age for this sum. The earnings are more in America; the cost of living for laborers and others is about the same; hence the profits of life are greater and the annuity worth more. We may safely add 50 per cent. and more, and estimate the annuity as worth at least \$1800 for the unskilled laborer; for the mechanic, trader and professional man it is worth more. Then if an unskilled laborer becomes insane at twenty-five, this annuity is lost to him, to his family, and the body politic, unless he be restored and the annuity regained.

It is shown that the cost of restoration to health is on the aggregate a great gain therefore to the community.

Other cogent arguments are advanced in this memorial, showing the urgent need of several such asylums in the State, and we hope that liberal provision will be made by the Legislature to do our duty as a commonwealth toward this unfortunate class of our fellow-citizens.

— Doctor PEPPER, who killed Mr. COLE in Gettysburg a few weeks since, has been transferred from the Adams county jail to the Pennsylvania State Lunatic Asylum. His insanity is of a very violent character.

#### CANCER DOCTORS.

In every village of moderate size, we encounter the species of quack, who boasts of his infallible specific to "kill cancers." In practice we constantly hear of miserable dupes who try one after another of these impostors until death, hastened by improper applications and remedies, mercifully relieves them from the grasp of the swindlers and their own sufferings. But also in a certain number of instances, we hear of ulcers and tumors, pronounced undoubtedly cancerous by regular practitioners, cured at least temporarily by these secret preparations. One such success is heralded in the loudest tones and largest capitals, greatly to the emolument of the cancer doctor, and to the annoyance of judicious minds.

The fault lies largely at the door of the profession. They are often too hasty in their diagnosis, and too inefficient in their treatment. The difference between a cancer and a canceroid is slight and sometimes imperceptible. Benign tumors frequently put on a malignant appearance, and there are some distinguished surgeons who are not yet prepared to admit that there is any essential difference between them.

Then again, it is unquestionably the case, that once in a while—very rarely, indeed, but in a certain per cent. of cases—cancer is a self-limited disease. We have known scirrhus of the breast most distinctly marked in character, and so pronounced by experienced and able surgeons, gradually heal and disappear without other applications than simple cerate and water.

Furthermore, precedent admonishes us that we can and ought to do something more than fold our hands and tell the patient that there is no use doing anything, that the knife is the only means ever successful, and it but rarely. It is a duty we owe to our patient and ourselves to apply some of those applications which have been recommended as curative. We thus prevent him from patronizing impostors, who will use these same applications perhaps with success, and certainly with less judgment.

Of the various local remedies which have

been lauded, arsenic is the best known. It is the base of most of the cancer salves used by charlatans. It, of course, requires to be used with great care, and its results closely watched, but undoubtedly it has effected some remarkable cures. It is usually mixed with flowers of sulphur.

The chlorides, most of which are escharotic when placed on the denuded flesh, have also obtained considerable reputation. Professor LANDOLFI of Naples, professed to have achieved some remarkable cures by means of the complex paste of various chlorides, which goes by his name. Last year we tested a celebrated "cancer salve," which was alleged to have performed some wonderful cures, and found it to depend for its efficacy on corrosive chloride of mercury. With this were conjoined flowers of sulphur and some vegetable matters. Others again contain caustic alkalis, which are less dangerous in use. Here, for instance, is one recently patented as a "cancer salve," by a Mr. GAMBLE of Iowa:

"Take ashes of red oak bark, the bark being either in a green or dried state, in quantity, twenty pounds; the ashes of the root known as "bitter sweet," with its bark either green or dry, five pounds; also, of green poke root mashed fine, five pounds. In preparing the compound, take a wooden vessel of suitable size, with perforations at the bottom, being such as is used to run off common ash lye. Into this vessel put about five pounds of the ashes of red oak bark and of bitter sweet, when mixed in the proportions above mentioned; then add five pounds of the mashed poke root, with the remaining portion of the ashes of red oak and bitter sweet. In this mixture add sufficient water to moisten it without dripping. Let the mixture stand twenty-four hours. Then run it off by adding water until the strength of the ashes is exhausted. The extract will now be put in a metal vessel and boiled to the consistency of salve. Put in bottles with ground glass stoppers, and it is ready for use."

We can imagine that this would be an efficient preparation in certain cases.

The employment of acetic acid by hypodermic injections excited considerable attention last year. It was recommended on purely theoretical grounds, and we believe generally failed to give satisfaction when tested. In one instance, however, of recurrent epithelioma of the face, which came under our observation, it effected a positive cure.

In 1863, Dr. BERGERON, in a communica-

tion to the French Academy of Medicine, called attention to the value of a saturated solution of chlorate of potash in the treatment of canceroids. His method has lately been tried with some success by Dr. FÉREOL in the hospital St. Louis at Paris. He gives his experience in the January 30th number of the *Bulletin de Thérapeutique*, and sums it up in the following words:

"In conclusion, as far as my experiments permit to decide, dressings with solutions of chlorate of potassa, will be most likely to succeed in canceroids simulating ulcerous acne, or, if the term is preferred, ulcerous canceroid of the skin.

"I add, that both in this and other forms, it is well to use the chlorate, not only in solution, but as an ointment or a powder. If the topical action of the simple powder is too decided, it can easily be moderated by adding sub-nitrate of bismuth or oxide of zinc."

Thus it is easy to see that we are by no means deficient in materials to attack this dreaded disease, and we hold it a duty which the majority of medical men entirely too much neglect to treat it locally and persistently. The pest of cancer doctors would thus be diminished, and the few who now get well under their hands, would be set down to the credit of the profession, while the host who die, would at least be spared much waste of money on scoundrels, and much injudicious and painful treatment.

## Notes and Comments.

### Punishment of Abortionists.

We are glad to see that some of the vampires of society are likely to get a share of their just dues. The trial of Dr. G. W. BRIGGS took place at Providence, R. I., a fortnight since. This, we believe, is the first case that has come to trial under the new statute, which imposes a penalty for the committing of an abortion, of imprisonment in the State Prison of from one to seven years. The testimony of the woman showed that the operation was performed by Dr. BRIGGS at her own request, her lover, to whom she was then engaged, and was afterward married, accompanying her to the practitioner's office, and paying the bill of \$25. Two subsequent operations were necessary before the purpose was accomplished. Upon the body of the child, prematurely born, and born alive, were marks made by the instruments used. The man and woman,

soon after this time, went to a place in the northern part of Vermont, and endeavored to live in concealment, for the purpose of avoiding being used as witnesses in this case. As inducements to this course, the man testified that \$50 had been handed him in the street by an unknown man, and also a note for \$300. The note was signed "G. W. BRIGGS," but the genuineness of the signature was not proved before the court. The other evidence presented was that of the physician who was summoned at the inquest, that of the one who attended the woman in her sickness, and that of officer BILLINGS, who made the arrest. The jury, after a short absence from the court-room, returned a verdict of "Guilty."

#### Cerebro-Spinal Meningitis.

Dr. A. HURD, of Findlay, Ohio, has seen, during the month of March, as many as eight cases of the above disease. Four of these cases were fatal. The winter had been very healthy, but during the latter part of it pulmonary diseases of various characters had prevailed.

This limited epidemic of "spotted fever" presented all the characteristic signs and symptoms of the disease in its worst form, as described by authors. Nothing new regarding the pathology or treatment was observed.

#### Criminal Use of Chloroform.

Another one of those marvellous instances of the effect of chloroform, which never happens except out of the sight of doctors, is thus described in a daily paper:

Mrs. C., of Trenton, was in the last car of a train returning from New York, when some man shook a handkerchief impregnated with a pungent smell, over her face, by which she was instantly rendered unconscious. She ran out of the car, after a struggle, and jumped off just as the car was stopping at Rahway, and was running wildly up the track when secured. Her money was taken from her person, and a violent effort was made to pull a heavy gold ring from her finger. Her dress was cut and torn; the bosom and pockets being cut open by the thieves. It is doubtful if she ever recovers from the effects of the chloroform.

We suspect, that if everything were known, it would turn out that the insanity was caused by a much more popular, though less feared, liquid than chloroform.

#### Chemical Establishments of Philadelphia.

The *Scientific American* says: "The chemical establishments of Philadelphia represent a capital of two and a half millions of dollars, and manufacture much the largest proportion of the

best chemicals used in the United States. Some idea of their extent and importance may be derived from the fact that they consume 4400 tons of sulphur, 1,000,000 lbs. of saltpetre, 3000 tons of salt, and produce daily of sulphuric acid 150,000 lbs., or over 45,000,000 lbs. every year; of alum, 20,000 lbs. daily; of muriatic acid, 20,000 lbs.; of nitric acid, 10,000 lbs.; of copperas, 15,000 lbs. daily; of nitrate of silver, 150,000 ounces annually, and additionally thereto, a long list of medicinal preparations.

#### Eye and Ear Hospital in Brooklyn.

A hospital for the gratuitous treatment of diseases of the eye and ear, will be opened at the intersection of Washington and Johnson streets, Brooklyn, near the Post-office on the 15th inst., at 2 P. M. The hospital will be open daily, except Sundays, at 2, P. M., for out-door patients, or for such as may be candidates for admission to its wards.

#### Medical Department of Washington University Baltimore, Md.

This institution has been liberally endowed by the State of Maryland. About 150 students were in attendance during the last session, and the number of graduates at the commencement recently held were fifty-four.

#### Omission.

In the March 21st No. of the *REPORTER*, the name of W. L. HUNTER of Pennsylvania, was accidentally omitted from the list of graduates of Jefferson Medical College.

#### On the Production of Sexes.

M. COSTE has been led to doubt the truth of the hypothesis propounded by M. THURY, which supposes that every egg passes, during the period of its maturation, through two successive but continuous phases, during each of which it has a different sexual character. If fecundated in the first half, it would be a female; if in the latter, a male. From experiments on fowls, the author shows that the sexes are produced indifferently from eggs taken at the beginning, middle, or end of the laying. With regard to rabbits, M. COSTE finds the same irregular results; in fact, altogether a larger number of males were born at the commencement of maturation. M. THURY's law is therefore not applicable to such mammals or to birds. The author is continuing his experiments to determine whether it holds good even in the bovine mammals, which M. THURY made the subject of his investigation.

## Correspondence.

## DOMESTIC.

## Rupture of the Womb.

EDITORS MEDICAL AND SURGICAL REPORTER:

On the 19th inst., I was called to see a poor woman in labor. She was previously in good health, did all her own work, and took care of four children, one of them an idiot of six years, who needed much care. She had been ten hours in labor; the latter part of the time, I was told the pain had been regular and severe, and of the true bearing-down kind. The waters had been discharged six hours previous to my visit. Her four previous labors had been easy and short; two of them without any physician in attendance. Her recoveries had been rapid.

I found the head in the inferior strait, the presentation natural; the pains were very strong and recurred every five minutes; they lasted nearly two minutes. I noticed that the head was large, the bones very solid and unyielding, and no progress was made during the pains. These pains had gone on, probably six or eight hours before I arrived. Still, I had no apprehension of any accident. The pains were evidently no stronger than I had frequently witnessed, where no accident had happened. I had no instruments with me, I could do nothing but wait; expecting, with every pain, the child would be delivered. These violent efforts continued about an hour, when during a very strong effort, a violent pang, different from the ordinary labor pain, was experienced in the left side, near the fundus uteri; the pulse immediately became very feeble, fluttering and intermittent; in a few minutes, vomiting of a yellow watery fluid succeeded, which recurred at intervals of about half an hour while she lived. Stimulants and drinks were not retained, nor any kind of nutriment. The pulse was scarcely perceptible, and became entirely so an hour before death. This took place twenty hours after the accident occurred. She retained her senses perfectly up to the time of dissolution or very near it; she was too weak to converse, except in whispers.

There were no labor pains after the accident, but very severe suffering and anguish. The head of the child receded immediately. There was not the slightest hemorrhage; which, some writers tell us, *always* takes place; there was a peculiar collapse of the features, and pallor of the face, the respiration was hurried and laborious; the

pulse so very rapid and feeble, as not to be counted at any time, after the accident; the extremities and whole surface became cool, and covered with a clammy sweat; there were no dark-colored fluid matters vomited, resembling *coffee-grounds*, as are generally present in such cases, but only yellow.

I give the particulars of this case, which go to show that that this severe accident may occur *in natural labors, without any precursory signs, or anything, which may even excite suspicion of what is about to occur.* There was no time after the accident, when the fœtus could have been extracted by the forceps or by ovariotomy,\* which would not probably have been instantly followed by the death of the mother. She even fainted on raising her head to give her drinks. I attributed the accident of course to the severity of the labor, on account of the large head, and the unusual ossification of the sutures, which prevented the bones from sliding over each other, as in ordinary cases. The question then occurs, which I would like to see answered by some expert, *does this state of things justify or demand the use of the forceps? Are these proper cases for its use? How long should we wait after the strong pains cease to move the fœtal head before we revert to their use?*

In regard to the ordinary management of such cases, I think there can be no doubt, that *after the accident has happened*, the best plan is, without delay, to deliver with the perforator and crotchet, while pressure is made over the fundus uteri, to prevent the child, meantime, from passing into the peritoneal sac. The opening in the fœtal head being made in the most gentle manner, I do not believe that delivery by the forceps is admissible or even practicable, in any case; I know of no case where a living child has been thus extracted. The child probably dies very speedily after the rupture takes place; and the only object is to save the mother, although Dr. Burns states, that if the placenta be not detached, or the hemorrhage great, the child may live for hours.

In this case the head filled the lower pelvis, and did not recede sufficiently to introduce the hand. The head, possibly, might have been pushed up, but there was extreme soreness and tenderness over the whole abdomen, so that the slightest pressure caused extreme pain.

At first, the child could not be felt in the peritoneal sac; in a few hours, great tympanitis took place, which prevented any accurate exploration; after death, the air was discharged by

\* Probably Cæsarean section is meant.—Eds.



perforating the abdominal walls, when the child could be distinctly traced within the abdominal cavity.

L.

[From the statement set forth in the above communication from our correspondent, we do not hesitate to say, that at no time could there be any doubt or hesitancy as to the rule of conduct that should have been pursued in the treatment of the above case. The woman had been pregnant four times, her first three children had been delivered quickly and easily, affording *prima facie* evidence of the perfect freedom of the woman from contractions and deformities of the pelvis, which in some of the recorded cases have been the cause of rupture of the uterus during labor. We regret that further evidence was not furnished by the reporter, by a post-mortem examination, which we infer was had, as the abdomen is stated to have been opened, to search for the child, as to the appearance of the uterus and pelvis after death, which would have gone far to establish the cause of the unfortunate result in the case. An abnormal thinning, or other pathological condition of the uterine walls, might be supposed, as was found in cases reported by DUPARCQUE, MURPHY, and others, but we believe, with Dr. TYLER SMITH, that violent uterine contraction alone may, in certain cases, cause the rupture, and particularly when the head is checked at any point in its passage through the pelvic axis. In the case above, the head of the child was arrested "in the inferior strait; the presentation natural; the pains were very strong, and recurred every five minutes; they lasted nearly two minutes. . . . These pains had gone on for six or eight hours" before the physician came.

With these facts of the case the reporter asks, "*Does this state of things justify or demand the use of the forceps? Are these proper cases for its use? How long should we wait after strong pains cease to move the fetal head before we revert to their use?*" Our space does not permit us to enter into a full consideration of these questions, which are discussed in all the text-books on obstetrics, but we unhesitatingly say that there is no rule better established than the prompt application of the forceps under the circumstances nar-

rated in this case. The practical rule that has been established as to time of applying the forceps in the second stage of labor, is that the head shall have rested as low as the perineum for six hours before the forceps are applied, but the only sure guide in this matter is the influence exercised upon the constitutional powers, which will vary greatly in different females. In one case, on the account of constitutional derangement, the forceps may be called for in two hours; in another case, where there is no such complication, their application may be delayed for twelve or fourteen hours. When the case narrated above was reached, there must have been considerable constitutional disturbance, though this is not specifically mentioned, yet it is inferential, as in one part of the communication the reporter says, "There was extreme soreness and tenderness over the whole abdomen, so that the slightest pressure caused extreme pain." This circumstance, in connection with the fact that the fetal head had been arrested in the inferior strait for eight hours, and did not move in the slightest degree, ought to have decided the question of the propriety of the application of the forceps in the affirmative.

If the child could have been ascertained to be dead by the stethoscope or other means, and it is almost certainly the fact in most cases similar to the one detailed, with the head impacted in the pelvic cavity under powerful uterine contractions for eight hours, craniotomy would be justified and demanded, even if the child be alive, with the mother sinking, when the forceps could not be applied.

After the uterine rupture had occurred in the above case, the head receded beyond reach, so that the forceps could not be used, as they might and ought to have been had this not taken place. The symptoms of the accident were unmistakable; the physician was present at the time, and he should immediately have bared his arm, and boldly thrust his hand into the uterine cavity, and even through the rent in the peritoneal sac, reached for and seized the child by the legs, and delivered it *per vias naturales*. If, in the case of delay, the uterus had contracted, or the bowels have protruded

through the rent so as to prevent this manœuvre with the hand, gastrotomy should have been at once performed, with a view of giving a chance for life to the mother; for the child has been always found dead, as in the cases reported by LAMBRON, THIBAUT, HAMILTON, LABATT, PEU, CLARKE, FRIZELL, and others. In all these cases the mothers recovered. This practice, though condemned by DENMAN, BURNS, and W. HUNTER, is most in consonance with experience, as far as this has extended, and is supported by later able obstetricians, as DEWEES, MEIGS, CHURCHILL, and HODGE.

If left to nature, both mother and child will surely perish; the reported cases, indeed few in number, in which the mother recovered, are very suspicious, and will not bear a severe analysis. They were perhaps cases of some form of extra-uterine foetation.

In conclusion, we will remark that in regard to the symptoms which the reporter of the case seems to think were not in some particulars sufficiently distinctive, or were at least anomalous, for he says "there was not the *slightest hemorrhage*, which some writers tell us always takes place." Some of the latest authorities on the subject do not agree with the above assertion. CAZEAUX states, that "as a general rule, only a small quantity of it (blood) reaches the exterior; while, on the contrary, it is effused abundantly into the belly, along with the amniotic waters and the child's trunk." CHURCHILL remarks, "There is almost always a discharge of blood from the vagina; sometimes slight, at others so considerable as to cause death." Other writers hold language of the same tenor.

Excruciating pain and collapse are the most constant symptoms of uterine rupture.—EDS.]

#### Medical Missionaries.

The Medical Missionary Society of Edinburgh is engaged in training and sending out physicians as foreign missionaries. Two clergymen from India have lately returned to Edinburgh, and are pursuing a course of medical study, so impressed have they become with the conviction that as surgeons they will have much better opportunities of spreading Gospel truth among the heathen.

#### An M. D. "Stumped"

*What is the disease? And what is the treatment?*

EDITORS MEDICAL AND SURGICAL REPORTER:

I have a lady under my charge whom I have treated a long time, and with entire unsuccess—and I thought perhaps I might get some information in regard to the case through the medium of your journal. The history of the case is this:

About five years ago she was confined, and her nipples becoming very sore, she refused to nurse her infant. The consequence was, she suffered for some time from abscess of the breast. In the course of two or three months, her nipples being well, she nourished her child regularly from one breast only; the nipple of the other being counter-sunk to such a degree as to render it useless. From this time until the infant was weaned she became subject to attacks of—"weid." These attacks troubled her every week or two during the whole period of lactation—after which her health became very good, and continued so until her second confinement, when the same disease returned; notwithstanding the child was promptly applied to the breast, and every precaution used to prevent it. While nursing this child she suffered as she did with the first—minus the abscess—and enjoyed good health after weaning. She is now in the eighth month of pregnancy, and while glasses and suction were being used to restore the counter-sunk nipple, her breasts became distended with milk, and an abscess formed—a pretty sure index that she will be visited by her "old spells," when the period of suckling arrives.

The symptoms of these attacks are as follows: Generally, the first indication is a "lump" in the breast; not larger perhaps, than an almond—very hard and painful. Sometimes, with its formation, but generally several hours after, either a chill or chilly sensations come on, and are followed by fever. The skin is hot and dry—the pulse rapid—nausea and vomiting—headache, and extreme nervous derangement—bordering upon hysteria. This condition of things lasts for six or twelve hours, when the fever disappears, and the patient gets up complaining of great weakness—though she is sometimes confined to her bed for several days—and sometimes though rarely, the fever partakes of the nature of an intermittent requiring the use of quinine to put an end to it.

"The 'lump,' under the influence of stimulating and sorbefacient treatment with poultices, usually disappears in five or six days. It never suppurates, and always appears in that breast from which the child is nourished.

This lady's general health is very good—every organ seeming to be in a healthy condition. No tenderness about the skin on pressure. Her catamenia has appeared only two or three times since her first pregnancy, five years ago. But she seems to suffer no inconvenience from that. This patient is extremely susceptible to atmospheric changes—so that the least exposure to cool or damp air, or the least imprudence in dress, will bring on an attack of this troublesome complaint.

At first, I pronounced the disease "chronic weid," and have placed the patient upon various plans of treatment, but have derived no benefit from any. Recently, I came to the conclusion it was neuralgia of the breast, and with that view have placed her upon iron and quinine; with arsenic, and friction to the skin and surface of the body generally. Again I ask: is this disease "chronic weid,"—"neuralgia of the breast," or neither? And what will effect a cure?

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## News and Miscellany.

### Embalming.

We referred recently to a new process of embalming, which had been tried with great success in New York city. We give the particulars of the method from the *Scientific American*.

"PROFS. CHAS. A. SEELY and CHAS. J. EAMES, of New York city, have obtained a patent for the impregnation of dead bodies with carbolic acid, which is said to be superior to the old Egyptian method.

"We apply the antiseptic liquid to the surface of the body, and also, when deemed advisable, we inject it into the stomach and intestinal canal. For the external application we take a solution of the acid in water, or other convenient solvent, and wash the body with it, by means of a sponge or cloth, and when the first washing has been finished, we repeat it one or more times; or, when convenient, we immerse the body in a weak solution of the acid for a short time; or we saturate cloths with a solution of the acid, and then wrap or wind the body in the cloths so saturated, and allow them to remain on the body. The body thus brought in contact with the liquid absorbs it by degrees, and the decomposition of the body is arrested or prevented.

"We have found that in many cases, and especially in cold weather, the external application of the antiseptic is sufficient to prevent change within a few days. But when it is desirable to

keep the body for a long time, we inject a small quantity of the antiseptic into the cavities of the chest and the abdomen. We make the injection by the use of a syringe, and at the natural external openings to the cavities. The amount of liquid to be injected should be at least a few ounces, and we find no objection to the use of such a quantity as will distend the cavities. In addition to the applications of the antiseptic, as above described, we sometimes find it useful to place cotton, wool, lint, or cloth, saturated with the acid, in the nostrils and in the ears.

"Our process, when carried out, as above described, is entirely efficient for the preservation of a body during the ordinary interval between death and burial. But, when the process is used as an embalming process, or when there are no objections to making incisions into the body, we prefer to inject the acid into the arteries and veins, or in addition to the ordinary external and internal application of the acid, we inject some of the acid through an opening of the skull into the substance of the brain.

"For a further security against decomposition of the body, and especially when the cloths saturated with the liquid are not kept permanently about the body, we place at the bottom or sides of the coffin, sheets of felt or cloth, or similar fibrous material, which has been saturated or dampened with the antiseptic liquid.

"In combination with carbolic acid, we have used bisulphite of lime and bisulphite of soda, and a solution of sulphurous or acetic acid with advantage. But we are satisfied that carbolic acid is the most active and useful agent for our purpose, and that any addition to it is not essential to success. We have found the use of a mixture of carbolic acid with saw-dust, or other inert granular matter, often advisable in the bottom of the coffin."

### A Word to the Wise.

The *Chicago Medical Journal* is responsible for the following: "The introduction of prepared sponge into common use, in the construction of mattresses, cushions, etc., it is to be hoped will go far toward counteracting the deplorable effects of certain practices, which, according to Prof. H. R. STORER, threatens the future magnitude of the census. ATHENÆUS says it was the ancient practice to put sponges into beds, as incentives to venery. PAULUS ÆGINETA mentions it among the list of aphrodisiacs. The vulgar saying, Poor men for children, has in it the germ of a profound physiological truth. Infertility is one of the penalties of luxurious living, and absence

